DEPARTMENT OF HEALTH AND FAMILY SERVICES Division of Disability and Elder Services Printed 07/28/2006

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006 Community Based Residential Facility CLASS CNA (NONAMBULATORY) STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Facility Information

Facility Name: HARBOUR ASSISTED LIVING (310638)

Address: 5800 MOCKINGBIRD LN, GREENDALE, WI 53129

License Status: REGULAR

Licensed/Certified/Registered 10/01/1997

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0096027 End Date: 11/02/2005 Type: STANDARD Purpose: SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0091634 End Date: 10/27/2003 Type: STANDARD Purpose: SURVEY/COMPLAINT/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10008637 Served 12/05/2003

		<u>Compliance</u>	
Deficiencies Cited	Subject Area	<u>Veri fied</u>	Corrected
83.41(10)(b)	MECHANICALS IN GOOD REPAIR	11/02/2005	Yes
83.41(4)(b)2	GAS FURNACE SERVICED EVERY 3 YEARS	11/02/2005	Yes
83.42(3)(e)	QUARTERLY FIRE DRILLS	11/02/2005	Yes
83.43(3)(b)2	TESTING OF SMOKE DETECTORS	11/02/2005	Yes

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

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Enforcement History

Date: 12/04/2003 SOD #10008637 Appealed: No

Sanctions

OTHER SANCTION FORFEITURE---83.42(3)(e)

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NUTRITION & FOOD SERVICES

STAFF TRAINING AND PROFICIENCY

MEDICATIONS

PROGRAM SERVICES

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Complaint History Date Investigation Completed: 11/02/2005 Date Complaint Received: 12/13/2004 Subject Area(s) Result SOD# PROGRAM SERVICES **SUBSTANTIATED** NOT RECORDED Date Complaint Received: 11/11/2004 **Date Investigation Completed: 11/02/2005** SOD# Subject Area(s) Result PROGRAM SERVICES NOT SUBSTANTIATED Date Complaint Received: 10/26/2004 Date Investigation Completed: 11/02/2005 SOD# Subject Area(s) Result PROGRAM SERVICES NOT SUBSTANTIATED Date Complaint Received: 10/01/2003 **Date Investigation Completed: 10/21/2003** SOD# Subject Area(s) Result RESIDENT RIGHTS NOT SUBSTANTIATED

NOT SUBSTANTIATED

NOT SUBSTANTIATED

NOT SUBSTANTIATED NOT SUBSTANTIATED

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